

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6098 / 9287

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOHN MCCAIN 2008, INC.**

**A. Full Name (Last, First, Middle Initial)**

**SGT WILLIAM F. REDDING USMC (RET)**

Mailing Address 4640 GAMINO DEL ROBLES

City	State	Zip Code
SANTA BARBARA	CA	93110-1929

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.785127**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2008

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**B. Full Name (Last, First, Middle Initial)**

**MR. DANIEL REDDY**

Mailing Address 1235 N. GLENHURST DRIVE

City	State	Zip Code
BIRMINGHAM	MI	48009-1086

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HENRY FORD HOSPITAL

Occupation  
VASCULAR SURGEON

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.798545**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2008

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**DR. PREM REDDY**

Mailing Address 16850 BEAR VALLEY ROAD

City	State	Zip Code
VICTORVILLE	CA	92395-5794

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DESERT VALLEY MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

**Transaction ID : SA17.850369**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2008

**CONTRIBUTION**

Amount of Each Receipt this Period

3500.00

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

3625.00

**Total This Period (last page this line number only)**.....